

**Please Read the Enclosed Material
Before Making Your Choice**

If you DO want Medical Insurance, cut out your Health Insurance Card. Your coverage and your Medical Insurance premium begin on the date shown. **Throw away the rest of this form.**

If you do Not want Medical Insurance, carefully follow the instructions on the back of this form.

MEDICARE



HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY

JANE DOE

MEDICARE CLAIM NUMBER

000-00-0000-A

SEX

FEMALE

IS ENTITLED TO

HOSPITAL

MEDICAL

(PART A)

(PART B)

EFFECTIVE DATE

07-01-1986

07-01-1986

SIGN
HERE

**DO NOT SEND CLAIMS FOR PAYMENT OF
MEDICARE BENEFITS TO THIS (↓) ADDRESS**

1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical, or health services under **Medicare**.
3. Your card is good wherever you live in the United States.

WARNING: Issued only for use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty. If found, drop in nearest U.S. Mail box.



**Centers for Medicare &
Medicaid Services**
Baltimore, MD 21244-1850
Form CMS-1966 (01/2002)

**If you have questions
about Medicare,
call 1-800-MEDICARE
(1-800-633-4227;
TTY/TDD: 1-877-486-2048)
or visit us at
www.medicare.gov.**

I DO NOT WANT MEDICAL INSURANCE ☐ Check Here

Written Signature (or Legal Representative)	
SIGN HERE	
Signature by Mark (X) Must Be Witnessed	
Signature of Witness	
Address of Witness	

If you DO NOT want Medical Insurance

1. Check the box above (top right), sign your name, and return the entire form in the enclosed envelope. Do NOT tear off the Medicare card. It would be improper to use it since you do not want Medical Insurance. You must return the form BEFORE the Medical Insurance effective date shown on the card.
2. Since you are entitled to Hospital Insurance even though you do not want Medical Insurance, we will send you a new card showing that you have Hospital Insurance only.